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7590

04/22/2004

ARNOLD B SILVERMAN  
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Sally Novosel	(Depositor's name)
<i>Sally Novosel</i>	(Signature)
June 7, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/015,469	01/29/1998	HOWARD M. KINGSTON	0494500095	5751

TITLE OF INVENTION: SPECIATED ISOTOPE DILUTION MASS SPECTROMETRY OF REACTIVE SPECIES AND RELATED METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SODERQUIST, ARLEN	1743	436-173000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Arnold B. Silverman  
 2  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Duquesne University of the Holy Ghost

Pittsburgh, PA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2556 (enclose an extra copy of this form).

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(Authorized Signature) *Arnold B. Silverman* (Date) Reg. 22,614 06/07/2004

06/10/2004 BERHE1 00000083 022556 09015469

01 FC:1501 1330.00 DA  
 02 FC:0001 30.00 DA

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